**Request for School to Administer Medication**

The school will not give your child medicine unless you complete and sign this form.

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| **Name of Child:** | **Class:** |
| **Condition or Illness:** | |
| **Medication – You must ensure that, in date, properly labelled medication is supplied.**  Name/Type of Medication (as described on the container)  Expiry Date: | |
| **Full Directions for use, including period to be taken for**  Dosage and method:  From: To:  **NB Dosage can only be changed on a Doctor’s instructions** | |
| **Are there any side effects that the school needs to know about?** | |
| **Self-Administration** Yes/No (Delete as appropriate) | |
| **Procedures to take in an Emergency:** | |
| **I understand that I must deliver the medicine to school personally and accept that this is a service, which the school is not obliged to undertake** | |
| **Full Name:** | |
| **Telephone Number in case of emergency:** | |
| **Signature:** | |
| **Relationship to Child:** | |
| **Date:** | |